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A Public Document

Please type or print in ink

NAME (LAST)	FIRST	MIDDLE	TELEPHONE NUMBER
Dominici	Ronn	Kent	
MAILING ADDRESS	STREET	CITY	STATE
			ZIP CODE
			OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Madera County

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Supervisor, District 3

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attached Sheet

Position: See Attached Sheet

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Madera

☐ City of

☒ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / / through December 31, 2009.

☐ Leaving Office

Date Left / /

(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office

-or-

☐ The period covered is / / through the date of leaving office.

☐ Candidate

Election Year: / /

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used a reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3-25-10
(month, day, year)

Signature

(File the original signed statement with your filing official)

Dominici, Ronn Kent
2009 Form 700

Additional Offices

Name of Office Agency or Court: San Joaquin Valley Air Pollution Control
District

CG Division, Board District: Governing Board
Your Position: Governing Board Member

Name of Office Agency or Court: Madera LAFCO
Division, Board District: LAFCO Board
Your Position: Commissioner - Alternate

Name of Office Agency or Court: Madera County Transportation Commission
Division, Board District: Board of Commissioners
Your Position: Commissioner – Alternate

Name of Office Agency or Court: Madera County Economic Development
Commission
Division, Board District: Board of Commissioners
Your Position: Commissioner

Name of Office Agency or Court: Madera County Remote Access Network Board
Division, Board District: Board of Commissioners
Your Position: Commissioner

CG Name of Office Agency or Court: San Joaquin River Conservancy
Division, Board District: Governing Board
Your Position: Governing Board Member - Alternate

Name of Office Agency or Court: IHSS Public Authority
Division, Board District: Public Authority Board
Your Position: Board Member

Name of Office Agency or Court: Redevelopment Agency
Division, Board District: Governing Board
Your Position: Board Member

Name of Office Agency or Court: Public Finance Authority
Division, Board District: Governing Board
Your Position: Board Member

Name of Office Agency or Court: Flood Control and Water Conservation Agency
Division, Board District: Governing Board
Your Position: Governing Board Member